

# Request for Copier Service

U.S. Department of Housing  
and Urban Development  
Office of the Chief Human Capital Officer

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**Fill in the top of this form and return it to the Printing Branch**

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Date of Request	Time of Request	Name of contact person		
Office		Room number	Phone number (include extension)	
Nature of problem/comments				

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**To be completed by the Service Representative**

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Date of arrival	Time of arrival	Serial Number	Model Number	Meter reading
Nature of problem				

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- ☐ Call back required
- ☐ Parts to be ordered (list parts below)
- ☐ Other (give specifics below)
- Comments

Completion Date	Time machine running
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**After** service has been completed, return this form to the Printing Branch Room BS-11, Attention: Copy Manager

form **HUD-21027** (9/89)